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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No., CRD0959

First Inventor Jon Buzzard, et al.

Title Handle Deployment Mechanism For Medical Device And Method

Express Mail Label No. EK256795188US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
- Specification [Total Pages 15]
(Preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s)(35 USC 113) [Total Sheets 10]
- Oath or Declaration [Total Pages]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney *(when there is an assignee)*
11. English Translation Document *(if applicable)*
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16. Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Unsigned Declaration and Power of Attorney

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-Part (CIP) of prior application No.: , filed .

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label 000027777 or Correspondence Address below

Name: Philip S. Johnson, Esq.
 Address: Johnson & Johnson
 One Johnson & Johnson Plaza
 New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACTPlease direct all telephone calls or telefaxes to at:
Telephone: (305) 824-2922 Fax: (305) 824-2747**21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Michael W. Montgomery	Reg. No. 35,958
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SIGNATURE	<i>Michael W. Montgomery</i>
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DATE	October 12, 2001
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FEE TRANSMITTAL

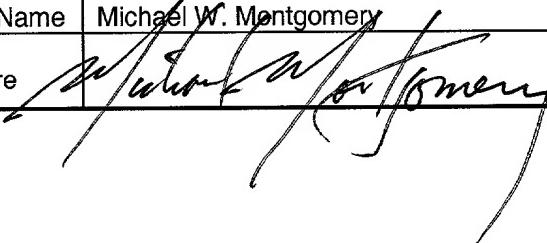
Complete if Known	
Application Number	Unknown
Filing Date	October 12, 2001
First Named Inventor	Jon Buzzard, et al.
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	CRD0959

FEE CALCULATION**CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	8 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 740.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/CRD0959/MWM in the amount of \$740.00.
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD0959/MWM. Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Michael W. Montgomery	Reg. No. 35,958
Signature		Date: October 12, 2001 Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jon Buzzard
Frederick Feller III

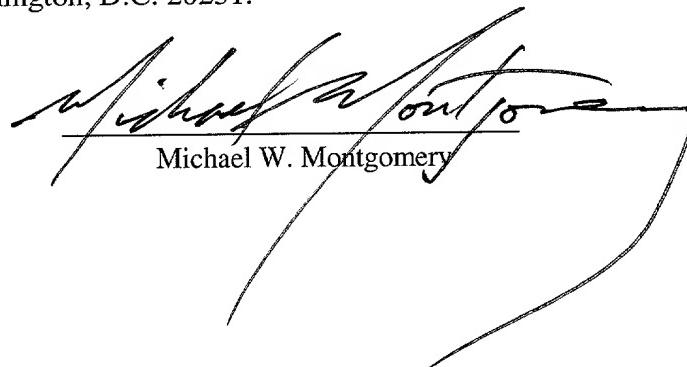
Filed: October 12, 2001
For: Handle Deployment Mechanism For Medical Device And Method

Express Mail Certificate

"Express Mail" mailing number: EK256795188US

Date of Deposit: October 12, 2001

I hereby certify that this complete application, including specification pages, claims, drawings and unsigned declaration and power of attorney are being deposited with the United Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.



Michael W. Montgomery